

<i>SERFF Tracking Number:</i>	<i>PRLF-128336419</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Principal Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>S-2012-342</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>Single Case Filing - Dillards (STD)</i>		
<i>Project Name/Number:</i>	<i>Dillard's - Revision to add preexisting limitation/S-2012-342</i>		

Filing at a Glance

Company: Principal Life Insurance Company

Product Name: Single Case Filing - Dillards (STD) SERFF Tr Num: PRLF-128336419 State: Arkansas

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved-Closed State Tr Num:

Sub-TOI: H11G.002 Short Term Co Tr Num: S-2012-342 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Bonnie Blue, Mark Curtis, Disposition Date: 05/09/2012

Ann McCoy

Date Submitted: 05/07/2012 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Dillard's - Revision to add preexisting limitation

Project Number: S-2012-342

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 05/09/2012

State Status Changed: 05/09/2012

Created By: Bonnie Blue

Corresponding Filing Tracking Number:

Filing Description:

Group Short Term Disability Insurance

- Policy Forms GC 4001 DIL-1 and GC 4046 DIL-1

- Booklet-Certificate Form GH 864 DIL-1

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Bonnie Blue

Enclosed for your review and approval are copies of the above listed forms, which are being submitted for approval on a single case basis. A large insured group policyholder located in Arkansas has requested a change in their short term disability benefit plan to add a preexisting condition limitation. The changes are italicized in red font on the attached

SERFF Tracking Number: PRLF-128336419 State: Arkansas
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policy and booklet certificate insert pages for your ease in reviewing.

If approved, these pages will be used for this one case only, with our Group Short Term Disability Insurance Policy forms series previously filed and approved for this group policyholder, GC 4000 DIL, et al, (originally filed and approved June 9, 2008, with various subsequent filing and approval dates for changes).

No part of this filing contains any unusual or controversial items from normal industry standards.

Thank you for your consideration of this submission. All required certification forms are enclosed.

If you have any questions on any of the attached materials, please feel free to contact me by fax, e-mail or at the toll-free number shown in the Contact Information tab.

State Narrative:

Company and Contact

Filing Contact Information

Bonnie Blue, Compliance Advisor, Group blue.bonnie@principal.com
Compliance
711 High St. 800-986-3343 [Phone] 70657 [Ext]
K-005-E90 515-246-4906 [FAX]
Des Moines, IA 50392-0002

Filing Company Information

Principal Life Insurance Company	CoCode: 61271	State of Domicile: Iowa
711 High Street	Group Code: 332	Company Type: Life & Health
Des Moines, IA 50392-0002	Group Name:	State ID Number:
(800) 986-3343 ext. [Phone]	FEIN Number: 42-0127290	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	3 forms x \$50 each = \$150
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$150.00	05/07/2012	58966271

SERFF Tracking Number:	PRLF-128336419	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/09/2012	05/09/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/09/2012	05/09/2012	Bonnie Blue	05/09/2012	05/09/2012

SERFF Tracking Number: *PRLF-128336419* *State:* *Arkansas*
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Disposition

Disposition Date: 05/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PRLF-128336419</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>S-2012-342</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>Single Case Filing - Dillards (STD)</i>		
<i>Project Name/Number:</i>	<i>Dillard's - Revision to add preexisting limitation/S-2012-342</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Table of Contents	Approved-Closed	Yes
Form	PART IV - BENEFITS, Section G, Limitations	Approved-Closed	Yes
Form	DESCRIPTION OF BENEFITS - Limitations	Approved-Closed	Yes

SERFF Tracking Number: PRLF-128336419 State: Arkansas
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Product Name: Single Case Filing - Dillards (STD)
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/09/2012
Submitted Date 05/09/2012
Respond By Date 06/09/2012

Dear Bonnie Blue,

This will acknowledge receipt of the captioned filing.

Objection 1

- PART IV - BENEFITS, Section G, Limitations, GC 4046-1 DIL (Form)
- DESCRIPTION OF BENEFITS - Limitations, GH 864 DIL-1 (Form)

Comment:

As discussed in our telephone conversation on this date, I inquired as to whether this change would go into effect immediately on existing contracts or whether the company was negotiating a new contract with Dillards.

You indicated in our conversation, that the change would take place on renewal. It is requested that you confirm this in writing.

Thank you for your cooperation.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: PRLF-128336419 State: Arkansas
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Product Name: Single Case Filing - Dillards (STD)
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/09/2012
Submitted Date 05/09/2012

Dear Rosalind Minor,

Comments:

Response 1

Comments: Thank you for your phone call and the objection dated May 9, 2012.

As requested, this is our confirmation that Dillard's has requested that their STD plan have a preexisting limitation added to their group policy as part of their 2012 renewal.

Please let me know if there is anything else needed in order to continue your review of this filing. Thank you.

Related Objection 1

Applies To:

- PART IV - BENEFITS, Section G, Limitations, GC 4046-1 DIL (Form)
- DESCRIPTION OF BENEFITS - Limitations, GH 864 DIL-1 (Form)

Comment:

As discussed in our telephone conversation on this date, I inquired as to whether this change would go into effect immediately on existing contracts or whether the company was negotiating a new contract with Dillards.

You indicated in our conversation, that the change would take place on renewal. It is requested that you confirm this in writing.

Thank you for your cooperation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking Number: *PRLF-128336419* *State:* *Arkansas*
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Company Tracking Number: *S-2012-342*
TOI: *H11G Group Health - Disability Income* *Sub-TOI:* *H11G.002 Short Term*
Product Name: *Single Case Filing - Dillards (STD)*
Project Name/Number: *Dillard's - Revision to add preexisting limitation/S-2012-342*

No Rate/Rule Schedule items changed.

Sincerely,
Ann McCoy, Bonnie Blue, Mark Curtis

SERFF Tracking Number: PRLF-128336419 State: Arkansas

Filing Company: Principal Life Insurance Company State Tracking Number:

Company Tracking Number: S-2012-342

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Single Case Filing - Dillards (STD)

Project Name/Number: Dillard's - Revision to add preexisting limitation/S-2012-342

Form Schedule

Lead Form Number: GC 4001 DIL-1

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/09/2012	GC 4001 DIL-1	Policy/Cont Table of Contents ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: GC 4001 DIL Previous Filing #: PRLF-125595397		GC 4001 DIL- 1.pdf
Approved-Closed 05/09/2012	GC 4046-1 DIL	Policy/Cont PART IV - ract/FraternBENEFITS, Section al G, Limitations Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: GC 4046-1 DIL Previous Filing #: PRLF-125595397		GC 4046 DIL- 1.pdf
Approved-Closed 05/09/2012	GH 864 DIL-1	Certificate DESCRIPTION OF Amendmen BENEFITS - t, Insert Limitations Page, Endorseme nt or Rider	Revised	Replaced Form #: GH 864-1 DIL Previous Filing #: PRLF-125595397		GH 864 DIL- 1.pdf

TABLE OF CONTENTS

PART IA - SHORT TERM DISABILITY INSURANCE SUMMARY

PART I - DEFINITIONS

PART II - POLICY ADMINISTRATION

Section A - Contract

Entire Contract	Article 1
Policy Changes	Article 2
Policyholder Eligibility Requirements	Article 3
Policy Incontestability	Article 4
Individual Incontestability and Eligibility	Article 5
Information to be Furnished	Article 6
Certificates	Article 7
Workers' Compensation Insurance Not Replaced	Article 8
Policy Interpretation	Article 9
Electronic Transactions	Article 10
Value Added Service	Article 11

Section B - Premiums

Payment Responsibility; Due Dates; Grace Period	Article 1
Premium Rates	Article 2
Premium Rate Changes	Article 3
Premium Amount	Article 4
Contributions from Participants	Article 5

Section C - Policy Termination

Failure to Pay Premium	Article 1
Termination Rights of the Policyholder	Article 2
Termination Rights of The Principal	Article 3
Policyholder Responsibility to Participants	Article 4

PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS

Section A - Eligibility

Participant Insurance	Article 1
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Section B - Effective Dates

Actively at Work	Article 1
Effective Date for Contributory Insurance	Article 3
Effective Date When Proof of Good Health is Required	Article 4
Proof of Good Health Requirements	Article 5
Effective Date for Benefit Changes Due to a Change in Weekly Earnings	Article 6
Effective Date for Benefit Changes Due to a Change in Insurance Class	Article 6A
Effective Date for Benefit Changes - Change by Policy Amendment or Endorsement	Article 7

Section C - Participant Termination, Continuation, and Reinstatement

Participant Termination	Article 1
Participant Continuation	Article 2
Participant Continuation and Reinstatement - Sickness, Injury, or Pregnancy	Article 3
Participant Continuation and Reinstatement - Layoff or Leave of Absence	Article 4
Participant Continuation and Reinstatement - Family and Medical Leave Act (FMLA)	Article 5
Termination of Coverage Due to Failing to Continue to Meet Dillard's Eligibility	Article 6

PART IV - BENEFITS

Section A - Benefit Qualification

Benefit Qualification	Article 1
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Section B - Benefits Payable

If a Participant is not working during a period of Disability	Article 1
If a Participant is working during a period of Disability	Article 2
Minimum Weekly Benefit	Article 3

Section C - Rehabilitation Services and Benefits

Rehabilitation Services and Benefits	Article 1
Rehabilitation Services	Article 2
Predisability Intervention Services	Article 3

Section D - Survivor Benefit

Survivor Benefit	Article 1
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Section E - Weekly Payment Limit

Weekly Payment Limit	Article 1
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Section F - Benefit Payment Period and Recurring Disability

Benefit Payment Period	Article 1
Recurring Disability	Article 2

Section G - Limitations

Limitations	Article 1
<i>Preexisting Conditions Limitation for Initial Coverage</i>	<i>Article 2</i>
<i>Preexisting Conditions Limitation for Benefit Increases</i>	<i>Article 3</i>
Replacement of a Prior Plan	Article 4

Section I - Claim Procedures

Notice of Claim	Article 1
Claim Forms	Article 2
Proof of Disability	Article 3
Proof of Disability while outside the United States	Article 4
Payment, Denial, and Review	Article 5
Report of Payments from Other Income Sources	Article 6
Lump Sum Payments from Other Income Sources	Article 7
Social Security Estimates	Article 8
Workers' Compensation Estimates	Article 9
Payments for Less Than a Full Week	Article 10
Right to Recover Overpayments	Article 11
Facility of Payment	Article 12
Medical Examinations and Evaluations	Article 13
Legal Action	Article 14
Time Limits	Article 15

Section G - Limitations

Article 1 - Limitations

No benefits will be paid for any Disability that:

- a. results from willful self-injury, while sane or insane; or
- b. results from war or act of war; or
- c. results from participation in an assault or felony; or
- d. is a new Disability that begins after a prior Benefit Payment Period has ended and the Participant has not returned to Active Work; or
- e. is a continuation of a Disability for which a Benefit Payment Period has ended and the Participant has not returned to Active Work (except as provided for a Recurring Disability in this PART IV, Section F, Article 2); or
- f. is caused by, a complication of, or resulting from the same Preexisting Condition that previously had resulted in the Participant receiving benefits under this Group Policy; or*
- g. results from a sickness or injury arising out of or in the course of employment for wage or profit.

Article 2 - Preexisting Conditions Limitation for Initial Coverage

A Preexisting Condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which a Participant:

- a. received medical treatment, consultation, care, or services; or*
- b. was prescribed or took prescription medications;*

in the twelve month period before he or she became insured under this Group Policy.

Benefits will not continue beyond the date six weeks following the date of Disability for a Disability that results from a Preexisting Condition unless, on the date the Participant becomes Disabled, he or she has been Actively at Work for one full day after completing 12 consecutive months during which the Participant was insured under this Group Policy.

PART IV – BENEFITS

Article 3 - Preexisting Conditions Limitation for Benefit Increases

A Preexisting Condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which a Participant:

- a. received medical treatment, consultation, care, or services; or*
- b. was prescribed or took prescription medications;*

in the twelve month period prior to an increase in benefits or change in the Group Policy, including increases in benefits due to a change in Weekly Earnings of 25% or greater.

The increase in benefits or change in the Group Policy provisions will not continue beyond the date six weeks following the effective date of the increase in benefits or change in the Group Policy provisions for a Disability that:

- a. results from a Preexisting Condition; and*
- b. begins within 12 months after the effective date of the increase in benefits or change in the Group Policy provisions.*

Thereafter, the benefits and the Group Policy provisions in force immediately prior to the increase or change will be payable during the duration of the Disability.

Article 4 - Replacement of a Prior Plan

a. Applicability

When insurance under this Group Policy replaces coverage under a Prior Plan, this article may apply to a Participant who is eligible and enrolled under this Group Policy, and:

- (1) is not Actively at Work when his or her coverage would otherwise become effective;
- or
- (2) becomes Disabled due to a Preexisting Condition.

b. Benefit Eligibility

A Participant will qualify for the benefit provided by this article if all of the following apply:

- (1) The Participant had Short Term Disability coverage under a Prior Plan, which terminated on the date immediately preceding the date the Participant became eligible under this Group Policy.

PART IV – BENEFITS

- (2) The Participant is not receiving any benefits under the Prior Plan but would have been entitled to benefits had the Prior Plan remained in force.
- (3) No provision other than the Actively at Work or the Preexisting Condition provision(s) would prohibit benefits being paid to the Participant under this Group Policy.

c. Benefits Payable

The benefits payable, if any, under this article, will be the lesser of the benefits of this Group Policy or the benefits that would have been paid under the Prior Plan had it remained in force. No benefits will be paid for:

- (1) any Disability that occurs before the Date of Issue of this Group Policy; or
- (2) any Disability for which benefits would have been paid under the Prior Plan in the absence of this section.

Prior Plan

The Group Short Term Disability coverage of either:

- a. the Policyholder; or
- b. a business entity which has been obtained by the Policyholder through a merger or acquisition;

for which this Group Policy is a replacement.

PART IV – BENEFITS

DESCRIPTION OF BENEFITS

Limitations

No benefits will be paid for any Disability that:

- a. results from willful self-injury, while sane or insane; or
- b. results from war or act of war; or
- c. results from participation in an assault or felony; or
- d. is a new Disability that begins after a prior Benefit Payment Period has ended and you have not returned to Active Work; or
- e. is a continuation of a Disability for which a Benefit Payment Period has ended and you have not returned to Active Work (except as provided for a Recurring Disability in this booklet-certificate); or
- f. is caused by, a complication of, or resulting from the same Preexisting Condition that previously had resulted in you receiving benefits under this Group Policy; or*
- g. results from a sickness or injury arising out of or in the course of employment for wage or profit.

Preexisting Conditions Limitation for Initial Insurance

A Preexisting Condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which you:

- a. received medical treatment, consultation, care, or services; or*
- b. were prescribed or took prescription medications;*

in the twelve month period before you became insured under the Group Policy.

Benefits will not continue beyond the date six weeks following the date of Disability for a Disability that results from a Preexisting Condition unless, on the date you become Disabled, you have been Actively at Work for one full day after completing 12 consecutive months during which you were insured under the Group Policy.

Preexisting Conditions Limitation for Benefit Increases

A Preexisting Condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which you:

a. *received medical treatment, consultation, care, or services; or*

b. *were prescribed or took prescription medications;*

in the twelve month period prior to an increase in benefits or change in the Group Policy, including increases in benefits due to a change in Weekly Earnings of 25% or greater.

The increase in benefits or change in the Group Policy provisions will not continue beyond the date six weeks following the effective date of the increase in benefits or change in the Group Policy provisions for a Disability that:

a. *results from a Preexisting Condition; and*

b. *begins within 12 months after the effective date of the increase in benefits or change in the Group Policy provisions.*

Thereafter, the benefits and the Group Policy provisions in force immediately prior to the increase or change will be payable during the duration of the Disability.

SERFF Tracking Number:	PRLF-128336419	State:	Arkansas
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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	05/09/2012
Comments:			
Attachment:			
Readability Cert.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Application	Approved-Closed	05/09/2012
Comments:			
Included in filing PRLF- 125595397 and previously approved on 6-9-08			
Attachment:			
GP56002.pdf			

**STATE OF ARKANSAS
INSURANCE DEPARTMENT**

CERTIFICATION OF READABILITY

I, Kimberly Douglas, an Officer of Principal Life Insurance Company hereby certify that the attached form(s) has (have) achieved a Flesch Reading Ease Score of:

Form No.	Form Name	Flesch Score
GC 4001 DIL-1	Group Short Term Disability Insurance Policy Form – Table of Contents	Not required
GC 4046 DIL-1	Group Short Term Disability Insurance Policy Form - PART IV – Benefits, Section G – Limitations	55.8
GH 864 DIL-1	Booklet-Certificate Form – Description of Benefits – Limitation	54.3

and complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

PRINCIPAL LIFE INSURANCE COMPANY



Kimberly Douglas, Director
Group Life and Health Compliance

May 7, 2012

Date

12/1999





Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Health Statement
for Self Administered Plans

Account Number / Unit Number H35922

Employer to Complete This Section: After completing make a copy of Page 1 for your records before you give the form to your employee.

Employer name

Dillard's, Inc.

Direct all employer's correspondence regarding this statement to:

Name

Benefits Department

Address (street)

1600 Cantrell Road

City

State

ZIP code

Phone

Little Rock

AR

72201

(501) 376-5933

Employee's name

AIN number

Date of hire

Annual salary

\$

Effective date as per contractual provisions

☒ open enrollment – effective date June 1st

This statement is: (place a “(√)” in each box that applies)

☐ for employee

☐ add new coverages

☐ increase in current coverages

☐ for dependent(s)

☒ late

Please check the coverages (**and indicate the new amount or increase in amount**) being applied for at this time. See your benefit plan/contract for proof of good health rules that apply to your plan.

	Current	Requested amount
<input type="checkbox"/> basic life	\$ _____	\$ _____
<input type="checkbox"/> voluntary term life (employee)	\$ _____	\$ _____
<input type="checkbox"/> voluntary term life (spouse)	\$ _____	\$ _____
<input type="checkbox"/> voluntary term life (child)	\$ _____	\$ _____
<input type="checkbox"/> short term disability	\$ <u>Based on Annual Earnings</u>	\$ <u>Based on Annual Earnings</u>
<input type="checkbox"/> long term disability	\$ <u>Based on Annual Earnings</u>	\$ <u>Based on Annual Earnings</u>

120-0

Home phone number

ZIP code

☐ no

Spouse's date of birth

☐ my children

Health Information for All Coverages Being Applied for (continued)**120-0**

Provide details for all "yes" answers. If more space is needed, attach a separate page giving full details. Sign and date all pages.

Name	Date diagnosed/treated	Duration of illness or condition
Diagnosis of illness or condition	Type of treatment/names of all medications	
Any current symptoms or problems		
Names and addresses of doctors, hospitals or other providers		

Name	Date diagnosed/treated	Duration of illness or condition
Diagnosis of illness or condition	Type of treatment/names of all medications	
Any current symptoms or problems		
Names and addresses of doctors, hospitals or other providers		

Name	Date diagnosed/treated	Duration of illness or condition
Diagnosis of illness or condition	Type of treatment/names of all medications	
Any current symptoms or problems		
Names and addresses of doctors, hospitals or other providers		

Authorization, Acknowledgment, and Signatures

- I represent information, statements, and answers on this form, and any attachments, are complete and true to the best of my knowledge. They are a part of this request for coverage under the group policies. I agree Principal Life Insurance Company is not liable for anyone's claim which happens or begins before the effective date of coverage or approval of any life and disability coverage.
- I have read, or had read to me, the questions and responses and realize any false statements, omissions or material misrepresentation regarding age or health information could cause life and disability coverages, if issued, to be cancelled as never effective.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- I understand all policy provisions for medical coverage will apply. If approved for life and disability coverages, all policy provisions will apply including, but not limited to, preexisting conditions restriction, the Actively at Work and Period of Limited Activity provisions.
- I understand an agent cannot change or waive any rates, benefits, or provisions of any policy, if issued, without the written approval of an officer of Principal Life.
- For life and disability coverages, I authorize any doctor, health care provider, hospital, clinic or medically related facility, insurance company, consumer reporting agency or employer, that has any personal information, including physical, mental, drug or alcohol use history, regarding me or any dependent, to give to Principal Life, its agents and employees performing business transactions, any such data.

Authorization, Acknowledgment, and Signatures (continued)**120-0**

- I authorize Principal Life to release any such data as required by law. When signed in connection with any application for, reinstatement of, or request for change in benefits, this form shall be valid for two years after the date shown below. I understand I may revoke this authorization for information not then obtained. A photocopy of this form shall be as valid as the original.
- I understand the data obtained by use of this authorization will be used by Principal Life for claims administration and to determine eligibility for life and disability coverage. This information will not be used for any purposes prohibited by law.

Employee's signature

Date signed

Spouse's signature*

Date signed

*Spouse signature only required if Voluntary Term Life coverage is elected.

Notice of Information Practices for Life and Disability Coverages

In order to properly underwrite and consider your request for coverage, we must collect information to determine if you (and your dependents if also requesting dependent coverage) qualify for insurance with Principal Life. We will do this by having you complete this Health Statement. In addition, we may contact sources besides yourself for personal data about any proposed insured, including (a) spouse, (b) employer, (c) medical professionals or institutions, and (d) insurance companies to which you may have applied for insurance in the past. The personal data may include age, medical history, job, income, habits and other personal characteristic information. We may also ask that medical exams or other tests be completed.

We will keep your data confidential. Only employees performing business transactions regarding your coverage will see your data. In certain circumstances, we may provide data to (a) government agencies, (b) attending physicians, (c) insurance organizations without identification, and (d) the employer, if applicable, for the purpose of reporting claims experience or conducting audits.

You or your dependents, if applicable, have certain rights in connection with this request for coverage. Those rights are:

1. to find out what personal information is contained in Principal Life files (medical information may be disclosed only to your attending physician).
2. to correct or amend information in Principal Life files.

Upon written request, Principal Life will furnish to you (or your dependent) information concerning:

1. the nature and scope of personal data in our records;
2. the types of disclosures which may be made; and
3. rights of access to the information collected and how such information may be corrected or amended.

We will respond to such written request within 30 days from the date of receipt.

For further information about your file or rights, you may contact: Group Operations, Medical Underwriting, Principal Life Insurance Company, Des Moines, IA 50392-0432.

Instructions for Employee

After this form is completed and signed, send original to Principal Life Insurance Company, Des Moines, IA 50392-0002, and make a copy for your records.